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United Nations Population Fund

Country programme document for Georgia

Proposed indicative UNFPA assistance: $5.3 million: $3.2 million from regular resources and $2.1 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2016-2020)

Cycle of assistance: Third

Category per decision 2013/31: Yellow

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.0	0.6	2.6
Outcome 3	Gender equality and women's empowerment	0.2	1.4	1.6
Outcome 4	Population dynamics	0.6	0.1	0.7
Programme coordination and assistance		0.4	–	0.4
Total		3.2	2.1	5.3

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Please recycle

I. Situation analysis

1. Georgia is a post-Soviet country in the South Caucasus with a population of 3.73 million. The development of the country was affected by civil unrest and armed conflicts; about one million people left Georgia and more than 250,000 people became internally displaced. The country lost control over Abkhazia and South Ossetia regions, which became "frozen conflict" zones and have declared independence. The Russian Federation has signed cooperation agreements with the de facto authorities in both breakaway regions, including the creation of a common space of defence and security.

2. Georgia is a lower-middle-income country, with 25 per cent of the population living below the $2.50 a day poverty line. During the last decade, economic growth averaged 6 per cent annually, though the unemployment rate is 15 per cent. The human development index is 0.744, but there are high levels of social exclusion and income disparities, with a Gini coefficient of 0.48 (2011). The constitution provides guarantees for human rights protection, non-discrimination, gender equality and press freedom. Georgia signed an association agreement with the European Union foreseeing gradual harmonization of all sectors with European Union standards.

3. According to the Georgia reproductive health survey (2010), the total fertility rate is 2 children per woman. Trends in health indicators show improvements in attaining universal coverage of prenatal care, increasing modern contraceptive prevalence rates and reducing the abortion rate. However, the prevalence of modern contraceptive methods is still low, at 35 per cent, with a 14 per cent difference between urban and rural settings. The total unmet need for modern methods of contraception is 31 per cent. Although the total abortion rate has dropped, from 3.7 per woman in 1999 to 1.6 per woman in 2010, it remains a main method of fertility regulation. Family planning is not part of primary care and is not funded by the State.

4. The maternal mortality ratio, at 41 per 100,000 live births in 2013, is a priority public health agenda. These high maternal deaths are due to inefficient and ineffective pre- and postnatal care, low quality of emergency obstetric care, absence of clinical quality assurance mechanisms and the low level of education on reproductive health among young girls and women. The massive privatization of health infrastructure since 2007 has not been accompanied by adequate regulations for quality control. Breast and cervical cancers are among the main causes of morbidity and mortality of women; over 45 per cent of cases are diagnosed at later stages. Georgia is among countries with low concentrated HIV epidemics, with a 0.3 per cent prevalence rate (2013).

5. Young people aged 10-24 years make up 19 per cent of the population. Youth unemployment in 15-29 year age group is high: 49 per cent for females and 71.3 per cent for males. The lack of youth-friendly services, the absence of education on healthy lifestyle and pervasive cultural stigma hinder adolescents and youth from accessing sexual and reproductive health services and information, thereby risking HIV infection and unintended pregnancies. The adolescent fertility rate fell from 65 per 1,000 women aged 15-19 years in 1999 to 39 per 1,000 women in 2010; however, it is still higher than the regional average.

6. Gender inequality is high in Georgia, ranking 81 among 187 countries in the world gender inequality index. Low political and economic participation of women, high prevalence of domestic violence and prevalence of early marriage practices are major concerns. According to the most recent national research on domestic violence (2009), one in every 11 women who have been married or have had a partner is a victim of physical or sexual violence from her husband or partner. The male-to-female sex ratio at birth rose after 1991 and has reached 111.8 males per 100 females in 2008-2012. The existing data shows that early marriage is more frequent practice among certain ethnic and religious groups (up to 32 per cent among the Azeri ethnic minority population). Cultural stigmas and

stereotypes, which undermine women's social status, their participation in public life and professional careers, and the toleration of gender-based violence are major challenges.

7. Life expectancy at birth has increased, to 75.2 years in 2013 (female 79.4 and male 70.9). The proportion of the elderly population aged 65 years and above is expected to grow, from 14.2 per cent in 2010 to 21.1 per cent in 2030. The road map for mainstreaming ageing has been elaborated; however, it needs to be translated into concrete actions. The country lacks an evidence-based demographic strategy demonstrating the interlinkages between population dynamics and economic development.

II. Past cooperation and lessons learned

8. The second country programme (2011-2015) was focused on three mandated areas: (a) sexual and reproductive health; (b) gender equality and gender-based violence; and (c) development of evidence-based population policies. Youth issues were cross-cutting.

9. The independent programme review report (2015) highlighted a number of key achievements: (a) high relevance of the programme to country needs; (b) significant added value to the United Nations country team, government and other partners; (c) successful mobilization of co-funding from the Government; (d) generation of high-quality evidence for policymaking; (e) increased access of the population in Abkhazia to reproductive health services and contribution to building confidence between conflict divides; and (f) support to comprehensive national youth policy development.

10. The programme review provided relevant recommendations for the next country programme: (a) strengthening partnerships and policy advocacy to create and sustain an enabling environment for sexual and reproductive health, with a focus on youth and vulnerable populations; (b) advocacy to institutionalize high-quality reproductive health services; (c) advocacy and technical assistance to strengthen the health system response to gender-based violence; (d) policy advocacy to strengthen capacity in data collection, analysis and evidence-based policy design and planning.

11. Lessons learned during the second country programme include the following: (a) fostering collaboration with partners in new programme areas led to the establishment of several national and regional thematic partnerships, such as the Black Sea coalition for breast and cervical cancer prevention; (b) knowledge management and capacity development maximized results of evidence-based policy dialogue and promoted sense of ownership among partners; (c) implementation of innovative pilot programmes through brokering partnerships was a successful strategy for institutionalizing innovations, such as the breast and cervical cancer screening programme.

III. Proposed programme

12. The proposed third country programme was developed by UNFPA and the Government through a participatory approach, in line with the needs of the country. It responds to national priorities, contributes to the United Nations Partnership for Sustainable Development, 2016-2020, and is in line with the aspiration of Georgia for European integration. The country programme will contribute to the post-2015 development agenda and to the UNFPA Strategic Plan, 2014-2017. UNFPA will continue to support its governmental and civil society partners, and will collaborate with the United Nations and other development organizations. The programme will focus on the following areas: (a) sexual and reproductive health, including adolescents and youth; (b) gender equality and women's empowerment; and (c) population dynamics.

13. The proposed programme will employ effective programming strategies to work in the middle-income country context, such as advocacy, policy dialogue and advice, generating evidence for policy development, knowledge management and brokerage of technical expertise. Service provision will be supported only in the breakaway region of Abkhazia,

including within the framework of the United Nations joint programme. The programme will work on a transformative development agenda that is universal, inclusive, human rights-based, integrated and anchored in the principles of equality. The complementarities between the outcomes will strengthen the results of the programme. All proposed interventions reinforce relevant government programmes.

A. Outcome 1: Sexual and reproductive health

14. Output 1: Strengthened evidence-based policy frameworks and institutional mechanisms to deliver integrated sexual and reproductive health services for women and youth, with a focus on vulnerable populations and humanitarian settings. Strengthening maternal and child health is one of the priorities of the Georgia health-care system state concept for 2014-2020. UNFPA interventions will focus on supporting policy frameworks and health institutions for ensuring equitable access to high-quality, integrated reproductive health services, including maternal care, cervical cancer screening and HIV prevention; and addressing the unmet need for family planning through advocacy and technical support. These will include (a) generating evidence on women's reproductive health for policy advocacy; (b) support in developing evidence-based policies, guidelines and standards for increased quality of reproductive health (including maternal health) care for all; (c) evidence-based advocacy for increased access of vulnerable populations, including youth, to integrated and rights-based family planning services at the primary health-care level; (d) advocacy for discouraging abortion and promotion of modern methods of family planning; (e) generating evidence and managing knowledge on increased quality and coverage of the cervical cancer screening programme; (f) advocating for integration of the Minimum Initial Service Package for reproductive health and response to gender-based violence in crisis situations into updated state emergency preparedness plans; (g) supporting integration of healthy lifestyles and reproductive health and rights education into formal and informal education systems, including through development and revision of educational materials for teachers, school doctors and students; and (h) advocating for expanding HIV prevention and condom programming, with a special focus on key populations and youth, including strengthening civil society partners working with these groups. If the political situation permits, UNFPA in collaboration with donors and United Nations organizations, will support improving access of the population in the Abkhazia region to high-quality reproductive health services, including modern family planning methods.

B. Outcome 3: Gender equality and women's empowerment

15. Output 1: Strengthened capacity of public and civil society organizations and national human rights institutions to advance gender equality and reproductive rights, including prevention of gender-based violence and harmful practices. In line with the concluding observations of the United Nations Committee on the Elimination of All Forms of Discrimination against Women, the programme will promote gender equality and reproductive rights through technical support and advocacy: (a) generating evidence on gender-based violence and early marriages, and analysing its effects on reproductive health, well-being and socioeconomic participation of women and girls, and using it for policy advocacy; (b) advancing monitoring of reproductive rights by strengthening the public defender's office; (c) strengthening the health system response to gender-based violence against women, as part of the national referral mechanism, through improved standards/protocols and education of health professionals; (d) strengthening gender-transformative approaches by enhancing civil society capacity to engage men and boys in addressing harmful practices and violence against women and girls; and (e) policy dialogue and public advocacy for addressing gender-biased sex selection.

C. Outcome 4: Population dynamics

16. Output 1: Strengthened body of evidence for formulation of rights-based policies, including on ageing, through cutting-edge analysis on population dynamics and its interlinkages with sustainable development. This will be achieved by (a) generating evidence on population dynamics, including on ageing, and their interlinkages with sustainable development through an in-depth gender-disaggregated analysis of the 2014 census data; (b) supporting dissemination of 2014 census data through establishment of web-based platforms with population data accessible by users that facilitate mapping of socioeconomic and demographic inequalities; (c) advocating for mainstreaming ageing issues in national policies and plans to ensure equitable access to health and social protection for senior citizens; and (c) utilizing emerging opportunities brought by the data revolution and big data in support of population and sustainable development policies, including on ageing.

IV. Programme management, monitoring and evaluation

17. The Government will coordinate the country programme implementation, applying rights-based and results-based programming approaches. National execution will be the preferred implementation arrangement. UNFPA will collaborate with government ministries, United Nations organizations and civil society, including faith-based organisations, to implement the programme, focusing on adolescents, youth, women, the elderly and rural populations. In cooperation with the established coordination bodies, UNFPA will select partners based on their strategic position and ability to deliver high-quality programmes, and will monitor their performance and ensure implementation of audit recommendations.

18. Guided by the programme partnership plan 2016-2020 and the UNFPA business model for middle-income countries, the programme will be gradually phasing out areas where strong national ownership is in place, such as youth policy and cervical cancer screening.

19. UNFPA, the Government and partner organisations are accountable to delivering the expected results of the country programme by regularly undertaking annual reviews and joint monitoring of programme implementation. The country office will conduct a final evaluation of the programme in 2019.

20. UNFPA will seek additional resources from international donors and proactively participate in joint initiatives within programme focus areas. Potential sources are government co-financing, the private sector and traditional and emerging donors.

21. In line with the new business model, the UNFPA country office will consist of a non-resident UNFPA country director, an assistant representative, two national programme analysts and several support staff. Given the new focus on upstream engagement, the country office will adjust the profile of its staff, to be able to advance the UNFPA agenda through partnerships, negotiations, communications and other skills associated with advocacy and policy advice. The country office staff will be funded from the UNFPA integrated institutional and programme budgets. The country programme will utilize the technical and programmatic support from UNFPA headquarters and the regional office. The regional office will provide enhanced support to the areas not covered by the country programme. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities to better respond to emerging issues, especially live-saving measures.

RESULTS AND RESOURCES FRAMEWORK FOR GEORGIA (2016-2020)

National priority: Provision of accessible and high-quality healthcare; ensure access, especially by vulnerable groups, to the right to health; establishment of an enabling environment for comprehensive development of youth to fully realize their potential **United Nations Partnership for Sustainable Development (UNPSD) outcome**: By 2020, health of the population, especially the most vulnerable groups, is enhanced through targeted health policies and provision of high-quality, equitable and integrated services, including management of major health risks and promotion of targeted health-seeking behaviour				
UNFPA strategic plan outcome	**Country programme outputs**	**Indicators, baselines and targets**	**Partners**	**Indicative resources**
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Contraceptive prevalence rate (modern method) *Baseline: urban: 42%; rural: 28%* *Target: urban: 47%; rural: 35%* • Percentage of target population covered by cervical screening services. *Baseline: urban: 15%; rural: 9%;* *Target: urban: 30%; rural: 20%*	Output 1: Strengthened evidence-based policy frameworks and institutional mechanisms to deliver integrated sexual and reproductive health services for women, adolescents and youth with focus on vulnerable populations and in humanitarian settings	• Number of evidence-based protocols for health-care workers adopted for achieving universal access to high-quality sexual reproductive health and family planning services, including for youth *Baseline: 15; Target: 20* • Routine practice of maternal near-miss cases review piloted in selected comprehensive emergency obstetrics and newborn care facilities *Baseline: No; Target: Yes* • The model for the national organized cervical cancer screening programme based on evidence from the pilot is adopted by the Government *Baseline: No Target: Yes* • Number of community-led and non-governmental organizations supported by UNFPA to address HIV and the sexual and reproductive health needs of key populations *Baseline: 0 Target: 5*	Ministry of Labour, Health and Social Affairs; Ministry of Sport and Youth Affairs; National Screening Centre; State Medical University; United Nations organizations; donors, civil society, private sector, the media	$2.6 million ($2.0 million from regular resources and $0.6 million from other resources)
National priorities: Mainstreaming gender in policy development and advancing gender equality; strengthen prevention and response to domestic violence and violence against women; establishment of an enabling environment for comprehensive development of youth to fully realize their potential **UNPSD outcome:** By 2020, expectations of citizens of Georgia for voice, rule of law, public-sector reforms and accountability are met by stronger systems of democratic governance at all levels				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator(s): • Proportion of the CEDAW concluding observations from the previous reporting cycle on women's rights implemented or actions taken	Output 1: Strengthened capacity of public and civil society organizations, and national human rights institution to advance gender equality and reproductive rights, including prevention of gender-based violence and harmful practices	• National action plan(s) addressing child marriage, gender-biased sex selection, and violence against women updated and adopted *Baseline: No; Target: Yes* • Number of studies to establish evidence on harmful practices, gender inequality and gender-based violence for informed policy making conducted and disseminated *Baseline: 3; Target: 5*	Parliament; Ministries of Labour, Health and Social Affairs and Sport and Youth Affairs; Human Rights Inter-Agency Coordination Council; Inter-Agency Council on Domestic Violence; donors; United Nations organizations; faith-based organizations, civil society; the media	$1.6 million ($0.2 million from regular resources and $1.4 million from other resources)

Baseline: 0; Target: 50%				
National priorities: Public Administration Reform including strengthening evidence-based public policy management **UNPSD outcome:** By 2020, expectations of citizens of Georgia for a voice, rule of law, public-sector reforms and accountability are met by stronger systems of democratic governance at all levels				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Number of national policies and plans developed that address population dynamics by accounting for population trends and projections in setting development targets *Baseline: 0; Target: 2*	Output 1: Strengthened body of evidence for formulation of rights-based policies through cutting-edge analysis on population dynamics and its interlinkages with sustainable development	• A database with population-based data disaggregated by sex and age accessible by users through web-based platform that facilitates mapping of socioeconomic and demographic inequalities exists *Baseline: No; Target: Yes*	Administration of the Government of Georgia; Parliament; GeoStat; Ministry of Labour, Health and Social Affairs; United Nations organizations, civil society, the media	$0.7 million ($0.6 million from regular resources and $0.1 million from other resources) Total for programme coordination and assistance: $0.4 million from regular resources